

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90104 034 ****61.25

DOCUMENT # 746769 1. Entity Name NORMANDY H ASSOCIATION, INC.					
Principal Place of Business PRIME MANAGEMENT GROUP, INC. 6300 PRK OF COMMERCE BLVD BOCA RATON, FL 33487 US			Mailing Address PRIME MANAGEMENT GROUP, INC. 6300 PRK OF COMMERCE BLVD BOCA RATON, FL 33487 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1991175	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SWATT, MYRON 6300 PK OF COMMERCE BLVD BOCA RATON, FL 33487				Name NORMANDY H ASSOCIATION, INC.	
				Street Address (P.O. Box Number is not Acceptable) ARNIE BERNSTEIN	
				6300 PARK OF COMMERCE BOULEVARD	
				City BOCA RATON FL Zip Code 33467	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>ARNIE BERNSTEIN</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TS	☒ Delete	TITLE	D	☐ Change ☐ Addition
NAME	BERKOWITZ, JEAN		NAME	Lieberman, Herbert	
STREET ADDRESS	344 NROMANDY H		STREET ADDRESS	353 NORMANDY H	
CITY-ST-ZIP	DELRAY BEACH, FL		CITY-ST-ZIP	Delray Beach, FL 33484	
TITLE	P	☐ Delete	TITLE	TD	☒ Change ☐ Addition
NAME	COHEN, LOUIS		NAME	Cohen, Louis	
STREET ADDRESS	345 NORMANDY H		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH,		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	WEISEN, LILLIAN		NAME		
STREET ADDRESS	379 NORMANDY N		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33484		CITY-ST-ZIP		
TITLE	VD	☐ Delete	TITLE	P	☒ Change ☐ Addition
NAME	KAY, SHELDON		NAME	KAY, Sheldon	
STREET ADDRESS	352 NORMANDY H		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33484		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	VP	☒ Change ☐ Addition
NAME	HOROWITZ, SHEPPARD		NAME	Horowitz, Sheppard	
STREET ADDRESS	374 NORMANDY H		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33484		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	SD	☒ Change ☐ Addition
NAME	KAY, EVELYN		NAME	KAY, Evelyn	
STREET ADDRESS	352 NORMANDY H		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33484		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Sheldon Kay</u> <u>Sheldon Kay</u> 4/13/05 637 3117 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					